

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

3319

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2006		99462.16
(b) Cash on Hand at Beginning of Reporting Period	144661.89	
(c) Total Receipts (from Line 19)	40766.00	305179.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	185427.89	404641.16
7. Total Disbursements (from Line 31)	8939.04	228152.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	176488.85	176488.85
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	32846.00	236585.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	4920.00	65594.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	37766.00	302179.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	37766.00	302179.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40766.00	305179.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40766.00	305179.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		539.04	5792.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		539.04	5792.50
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		9500.00	223459.81
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		-1100.00	-1100.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		-1100.00	-1100.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		8939.04	228152.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		8939.04	228152.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37766.00	302179.00
34. Total Contribution Refunds (from Line 28(d))	-1100.00	-1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38866.00	303279.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	539.04	5792.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	539.04	5792.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Timothy Baker Mailing Address 1366 Commons Dr City State Zip Code Sacramento CA 95825-6656 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: 63229-02163332700729 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Kenneth Beer Mailing Address Ste 305 1500 N Dixie Hwy City State Zip Code West Palm Beach FL 33401-2717 FEC ID number of contributing federal political committee. C Name of Employer Palm Beach Esthetic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 59D46FBA-D0C5-4C27- Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Frederick Behringer Mailing Address 2627 SE 16th St City State Zip Code Ocala FL 34471-4703 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 Transaction ID: 23334-07018679380416 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Paul Bergstresser
Mailing Address 5352 Harry Hines Blvd.

City State Zip Code
Dallas TX 75390

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Southwestern Medical
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 66918-69608706235886

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
David Bertler
Mailing Address 660 Maple View Ct

City State Zip Code
Oneida WI 54155-9276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Wisconsin

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 39634-10435122251510

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Neal Bhatia
Mailing Address 3119 S Clement Ave

City State Zip Code
Milwaukee WI 53207-2835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayview Dermatology & Cos-
metic Surg

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 94492-05337160825729

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Catherine Biren Mailing Address Ste B 1324 Nelson Ave City Modesto State CA Zip Code 95350-5341 FEC ID number of contributing federal political committee. C Name of Employer Dermatology Affiliates Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6 Transaction ID: 37624-25899904966354 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Jean Bolognia Mailing Address 140 Patten Rd City North Haven State CT Zip Code 06473-2830 FEC ID number of contributing federal political committee. C Name of Employer Yale Medical School Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 60183-22614687681198 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) R. Bradley Mailing Address Ste B111 166 E 5900 S City Murray State UT Zip Code 84107-7293 FEC ID number of contributing federal political committee. C Name of Employer Huntsman Cancer Institute, University of Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 63372-13679140806198 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

James Brazil

Mailing Address Ste A

424 Lilly Rd NE

City

Olympia

State

WA

Zip Code

98506-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olympic Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: 44122-83448427915573

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Karen Deasey

Mailing Address 421 Holly Ln

City

Wynnewood

State

PA

Zip Code

19096-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bryn Mawr Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 37079-19340151548385

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Laura Edwards

Mailing Address 4801 24th Rd N

City

Arlington

State

VA

Zip Code

22207-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology Associ

Occupation
Director of Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 60881-44302004575729

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Michelle Emery			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 1854 Sterling Oaks Blvd SE			Transaction ID: 37079-17454165220260	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Ada	MI	49301-9284		
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) James Fields			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 411 Lynnwood Blvd			Transaction ID: 33736-25681704282760	
City	State	Zip Code	Amount of Each Receipt this Period 365.00	
Nashville	TN	37205-3434		
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		
C. Full Name (Last, First, Middle Initial) S. Fishman			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 140 Glenwood Rd			Transaction ID: 63229-90407961606980	
City	State	Zip Code	Amount of Each Receipt this Period 365.00	
Englewood	NJ	07631-1951		
FEC ID number of contributing federal political committee. C				
Name of Employer Fishman & Fishman		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Rion Forconi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 Transaction ID: 21340-82525271177292
Mailing Address 385 Waymont Ct		
City Lake Mary	State FL	Zip Code 32746-3574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Bay Tree Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Richard Fried		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 60183-35396975278854
Mailing Address 1653 Thistlewood Dr		
City Washington Crossin	State PA	Zip Code 18977-1535
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yardley Dermatology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Marc Frost		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 Transaction ID: 44122-73568361997605
Mailing Address 9290 Waldemar Rd		
City Indianapolis	State IN	Zip Code 46268-1132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Academy Dermatology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Bruce Fuller

Mailing Address 8 Jayne Lee Dr

City State Zip Code
Hampton VA 23664-1545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 63229-97484987974167

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)

Ramon Gallego

Mailing Address 13 Little Harbor Way

City State Zip Code
Deerfield Beach FL 33441-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 63229-77441042661667

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Elizabeth Gawey

Mailing Address 611 NW 15th St

City State Zip Code
Oklahoma City OK 73103-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Dermatological
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 37624-77882021665573

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

David Gross

Mailing Address Ste 3

1100 S Ponce De Leon Blvd

City

State

Zip Code

St Augustine

FL

32084-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: 63229-82961672544480

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

C. Hanke

Mailing Address 5125 Green Braes East Dr

City

State

Zip Code

Indianapolis

IN

46234-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Vincent Carmel Medical
Center

Occupation
Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 1BE96DCF-2137-45EE-

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)

David Harvey

Mailing Address 232 Ponte Vedra Park Dr

City

State

Zip Code

Ponte Vedra Beach

FL

32082-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ponte Vedra Derm & Aesth-
etic Surgery

Occupation
Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 94492-32711428403854

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

5665.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joe Hazel

Mailing Address 1671 N Limestone St

City	State	Zip Code
Springfield	OH	45503-2646

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	6

Transaction ID: 39634-00715273618698

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Pamela Hu

Mailing Address 1434 Law St

City	State	Zip Code
San Diego	CA	92109-2120

FEC ID number of contributing
federal political committee.**C**Name of Employer
San Diego State UniversityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Transaction ID: 63229-02231997251510

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Philip Hughes

Mailing Address 615 E Olmos Dr

City	State	Zip Code
San Antonio	TX	78212-2504

FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical Center Tower IIOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	6

Transaction ID: 63229-55910891294479

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Darlene Kwee Mailing Address 16 Saddlewood Ct City State Zip Code Belle Mead NJ 08502-5740 FEC ID number of contributing federal political committee. C Name of Employer Occupation Princeton Medical Group Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 60183-68186587095261 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Catherine Laughlin Mailing Address 4715 S Kimbrough Ave City State Zip Code Springfield MO 65810-1853 FEC ID number of contributing federal political committee. C Name of Employer Occupation Ferrell-Duncan Clinic Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 66918-94720095396042 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Jason Lee Mailing Address 1084 Whitegate Rd City State Zip Code Wayne PA 19087-2183 FEC ID number of contributing federal political committee. C Name of Employer Occupation Jefferson Medical College Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 63372-22781008481979 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Emmanuel Loucas Mailing Address 166 E 95th St City State Zip Code New York NY 10128-2511 FEC ID number of contributing federal political committee. C Name of Employer Alpha Aesthetic Dermatology Laser Cent Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 11 / 17 / 2006 Transaction ID: 37624-05538576841354 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Lee Lumpkin Mailing Address 395 Commerical Ct City State Zip Code Venice FL 34292-1651 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 22 / 2006 Transaction ID: 23087-12170046567916 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Michael Mancuso Mailing Address Apt P8 26300 Village Ln City State Zip Code Beachwood OH 44122-7547 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 10 / 24 / 2006 Transaction ID: 33736-29606264829635 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Jami Miller Mailing Address 3404 Springbrook Dr City Nashville State TN Zip Code 37204-3403 FEC ID number of contributing federal political committee. C Name of Employer The Vanderbilt Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6 Transaction ID: 21340-14342898130417 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) John Millns Mailing Address 7716 Still Park Cir City Odessa State FL Zip Code 33556-2263 FEC ID number of contributing federal political committee. C Name of Employer Gulf Coast Dermatopathology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6 Transaction ID: 33874-27230471372604 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Tri Nguyen Mailing Address 11604 Watercastle Ct City Pearland State TX Zip Code 77584-8210 FEC ID number of contributing federal political committee. C Name of Employer MD Anderson Cancer Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: 63229-45826357603073 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Farhad Niroomand

Mailing Address 1842 Mayflower Dr

City State Zip Code
 Dallas TX 75208-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uptown Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 37897-04244631528854

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

David No

Mailing Address 5481 Sur Mer Dr

City State Zip Code
 El Dorado Hills CA 95762-7653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 60183-72938174009323

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Gene Ream

Mailing Address 307 Westpark Way

City State Zip Code
 Euless TX 76040-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westpark Professional Bui-
lding

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 63229-63795107603073

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Phoebe Rich		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 2565 NW Lovejoy St		
City	State	Zip Code
Portland	OR	97210-2846
FEC ID number of contributing federal political committee.		Transaction ID: 18BBCD48-D33F-444E- Amount of Each Receipt this Period 5000.00
Name of Employer Phoebe Rich, MD & Associates		
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 5000.00		

B. Full Name (Last, First, Middle Initial) Joann Salvemini		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 8 Hickory Hill Rd		
City	State	Zip Code
Dix Hills	NY	11746-6310
FEC ID number of contributing federal political committee.		Transaction ID: 60183-16067141294479 Amount of Each Receipt this Period 365.00
Name of Employer South Nassau Dermatology PC		
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 365.00		

C. Full Name (Last, First, Middle Initial) John Schmidt		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 509 W 17th St		
City	State	Zip Code
Pueblo	CO	81003-2622
FEC ID number of contributing federal political committee.		Transaction ID: 94492-38979738950729 Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed		
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

6365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) David Semler Mailing Address 8621 Plover Dr City Kalamazoo State MI Zip Code 49009-4582 FEC ID number of contributing federal political committee. C Name of Employer Southwest Michigan Dermat-ology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6 Transaction ID: 38588-33018130064010 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Alan Shalita Mailing Address Apt 9B 70 E 77th St City New York State NY Zip Code 10021-1811 FEC ID number of contributing federal political committee. C Name of Employer SUNY Downstate Medical Ce-nter Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 8C863067-F964-4B45- Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) William Shields Mailing Address 18 Lessies Dr City Poquoson State VA Zip Code 23662-1640 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 39634-74609011411667 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Sheldon Shore

Mailing Address 2233 Vermont St

City State Zip Code
 Quincy IL 62301-3161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quincy Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 44122-90139406919480

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Robert Skinner

Mailing Address 349 Riverbluff PI

City State Zip Code
 Memphis TN 38103-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Medical Group, Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 39634-95368593931199

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

William Sowers

Mailing Address 42 Lambert St

City State Zip Code
 Staunton VA 24401-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Staunton Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 6

Transaction ID: 39634-65935915708542

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Sandra Swanson

Mailing Address 5817 Camilla Dr

City State Zip Code
 Charlotte NC 28226-6702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salisbury Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 0 / 2 0 0 6

Transaction ID: 63229-84275454282761

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

Joseph Terracina

Mailing Address 449 Wetherbee St

City State Zip Code
 Greenville MS 38701-6362

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Skin Institute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 6

Transaction ID: 94492-83558291196823

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Charles Thurston

Mailing Address 343 W Houston St

City State Zip Code
 San Antonio TX 78205-2264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 37897-76839846372605

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Frank Tobin Mailing Address Apt 2404 1250 S Michigan Ave City Chicago State IL Zip Code 60605-3274 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 37897-37594240903854 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Gary Waldman Mailing Address 8007 Hawk Crest Ct City Charlotte State NC Zip Code 28270-9529 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Transaction ID: 94492-10392397642135 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Margaret Weiss Mailing Address 2002 Burdock Rd City Baltimore State MD Zip Code 21209-1043 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 251.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 95EF61F3-716B-4F16- Amount of Each Receipt this Period 251.00
SUBTOTAL of Receipts This Page (optional) ▶		751.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan Westheim

Mailing Address PO# 33768

239 E Brown St

City

East Stroudsburg

State

PA

Zip Code

18301-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Associates of Mon-
roe County

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 6

Transaction ID: 60183-15511721372604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Phillip Williford

Mailing Address 108 Cedarwood Creek Ct

City

Winston Salem

State

NC

Zip Code

27104-5027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Health
Sciences

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 6

Transaction ID: 39634-41770571470261

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. George Woodbury

Mailing Address 2118 Kirby Rd

City

Memphis

State

TN

Zip Code

38119-5510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 94492-08997744321823

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Frank Yoder Mailing Address 29 W College Ave City State Zip Code Westerville OH 43081-2103 FEC ID number of contributing federal political committee. C Name of Employer OSU College of Medicine Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: 63229-92742556333542 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Martin Zaiac Mailing Address 4302 Alton Rd City State Zip Code Miami Beach FL 33140-2890 FEC ID number of contributing federal political committee. C Name of Employer Mt Sinai Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 Transaction ID: 21340-47625368833542 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) James Zalla Mailing Address 7736 Camp Ernst Rd City State Zip Code Burlington KY 41005-9410 FEC ID number of contributing federal political committee. C Name of Employer Derm Associates of Northern KY Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: B56A6F7D-AA5D-4258- Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

32846.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Johnson for Congress Committee

Mailing Address PO Box 1986

City State Zip Code
New Britain CT 06050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: 23334-85760134458542

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
AMX fees - November

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V34430-9701654314994

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

130.00

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City
Hagerstown

State
MD

Zip Code
21741-6603

Purpose of Disbursement
Contribution

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V34430-4585840106010

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

409.04

SUBTOTAL of Disbursements This Page (optional)

539.04

TOTAL This Period (last page this line number only)

539.04

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

Candidate Name
Anna Eshoo

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 57207-8048211932182

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Arlen Specter

Mailing Address 3502 Preston Court
Suite 1100 Nor

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement
Contribution

Candidate Name
Arlen Specter

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: 57207-2841302752494

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Feinstein for Senate

Mailing Address 601 S Glenoaks Boulevard #211

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name
Dianne Feinstein

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 57207-2172510027885

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hastert for Congress Committee

Mailing Address PO Box 625

City
Batavia

State
IL

Zip Code
60510

Purpose of Disbursement
Contribution

Candidate Name
J. Hastert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 56553-80939882993698

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. Hawkeye Pac, the

Mailing Address PO Box 7255

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 57207-4489557147026

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Norwood for Congress

Mailing Address PO Box 499

City
Evans

State
GA

Zip Code
30809

Purpose of Disbursement
Contribution

Candidate Name
Charlie Norwood

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 56553-17249697446823

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Santorum Victory Committee

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 57207-1951410174369

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

9500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Olsen

Mailing Address 524 Walnut Springs Dr

City Dayton State OH Zip Code 45419-2934

Purpose of Disbursement
Uncashed 8/23/05 Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 56598-36426943540573

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

-1100.00

SUBTOTAL of Disbursements This Page (optional)

-1100.00

TOTAL This Period (last page this line number only)

-1100.00